Who should complete this application?
All international CPS students who intend to participate in a co-op or internship (paid or unpaid, full or part-time, out-of-state or international placements).

How do I complete this application?
This form is divided into three parts. Part 1 must be completed and signed by the international student; Part 2 will be completed and signed by the student’s CPS CPT Advisor; Part 3 will be completed and signed by the DSO for international students at the ISSI.

Is there anything I should know before completing this application?
The student cannot engage in CPT until s/he receives written authorization from the ISSI, and may work only within the dates specified on the documents that s/he will be issued. Working without first obtaining authorization from the ISSI may result in the student’s loss of legal status in the U.S.

Where do I submit this application?
Please submit this application (no copies or faxes) to the ISSI at 405 Ell Hall.

What else do I need to submit with this application?
Please submit your passport, visa, I-94 card and current I-20/DS-2019 form, copies of which will be needed for your CPT application.
PART 1: STUDENT PERSONAL INFORMATION - TO BE COMPLETED BY THE INTERNATIONAL STUDENT

Name: ____________________________  ____________________________  ____________________________
                           Last or Family       First or Given         Middle

Northeastern ID Number: 000 -- ______ -- ______  Email: ____________________________

Social Security Number (if applicable): ______ -- ______ -- ______  Telephone: (_____)

Major: ____________________________  Please check one:  □ Undergraduate  □ Graduate

Second Major: ____________________________  Minor: ____________________________

Current Address: ____________________________  Number  ____________________________  Street
                                    ____________  ____________  ____________  Telephone: (_____)
                           ____________  ____________  ____________

End Date listed on the I-20/DS-2019: ____________________________
                           Month/Day/Year

► Note: The CPT end date cannot exceed the I-20/DS-2019 program end date.

If the student will be engaged in CPT outside Massachusetts or the U.S., please list the address and telephone number of the student’s actual residence while on CPT. If the address is not known at this time, report it within 10 days to the ISSI.

Student’s Address while on the internship (only if different from current address):

                           Number  ____________________________  Street
                                    ____________  ____________  ____________  Telephone: (_____)
                           ____________  ____________  ____________

The following statements must be read and signed by the applicant:

► Important for F-1 students: Remaining eligible for other training options such as Optional Practical Training (OPT) for F-1 students depends on the amount of time authorized for CPT. If an F-1 student has done 52 weeks or more of full-time CPT within the U.S., s/he is NOT eligible for OPT. The ISSI recommends prospective OPT applicants do no more than 51 weeks of CPT to remain eligible for OPT. Students are responsible for tracking their own total time of CPT.

► Important for J-1 & F-1 students: “I understand that I may not begin, extend, and/or resume CPT employment other than on the dates authorized by the ISSI. I understand that the ISSI may not release my CPT authorization documents to me until I am registered for CPT. I also understand that I am required to notify the ISSI of any change of address within 10 days.”

► Important for J-1 & F-1 students: “I understand that I am not allowed to hold an assistantship or work on campus while on an CPT.”

Signature of Student: ____________________________________________  Date: ____________

►►► WHEN PART ONE IS COMPLETE, PLEASE GIVE THIS FORM TO YOUR CPS CPT ADVISOR ◄◄◄
PART 2: NORTHEASTERN CPT INFORMATION - TO BE COMPLETED BY THE CPS CPT ADVISOR

Student’s Name: _____________________________ Northeastern ID Number: 000 -- ____ -- ______

Name of CPS CPT Advisor: _____________________________

NU Extension: _____________________________ NU Mailstop: _____________________________

Please Check CPT Type:

□ Co-op: Co-op authorization requires that the student formally register for co-op with the Registrar’s Office

Student is registered for co-op with the Registrar’s Office:  □ Yes  □ No

□ Internship: This is a requirement for a specific course with an embedded internship component:  □ Yes  □ No

Internship is required as a component of: Course Title: _____________________________ Course #: _____________________________

CPT is full-time unless otherwise specified:  □ Part-Time

► Note: Full-time is defined as 20+ hours per week, part-time 20 hours or fewer

CPT is a paid position unless otherwise specified:  □ Unpaid  □ Other Compensation: _____________________________

Is the student being paid by a third party? If yes, student is being paid by: _____________________________

CPT Start Date: _____________________________ CPT End Date: _____________________________

Name of Employer/Company/Institution: _____________________________

Contact Person for CPT: _____________________________

Telephone of Contact Person: (____) _____________ Email of Contact Person: _____________________________

Address of Co-op Employer/Company/Institution (Please enter student’s actual workplace)

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

Signature of CPS CPT Advisor: _____________________________ Date: _____________________________

►►► WHEN PART TWO IS COMPLETE, PLEASE RETURN THIS FORM TO THE ISSI ◄◄◄

PART 3: STUDENT IMMIGRATION INFORMATION - TO BE COMPLETED BY THE CO-OP SPECIALIST AT ISSI

Visa Classification: _____________________________ Passport Expiration Date: _____________________________

The above-named student has been in the U.S. in lawful full-time status since: _____________________________ Month/Day/Year

The above-named student:

□ is authorized to participate in CPT at the above-named place of employment beginning on _____________________________ and ending on _____________________________ Month/Day/Year

□ is not eligible to participate in CPT for the following reason(s): _____________________________

□ is intending to engage in an internship outside the U.S. in: _____________________________

Signature of ISSI Advisor: _____________________________

Name of ISSI Advisor: _____________________________ Date: _____________________________